



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Aluli	N.	Emmett	808 553-3174
MAILING ADDRESS (Street)			FAX
P O Box 408			808 553-3182
(City)	(State)	(Zip Code)	
Kaunakakai, HI			96748
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Molokai General Hospital			808 553 3122
MAILING ADDRESS (Street)			FAX
P O Box 408			808 553 3182
(City)	(State)	(Zip Code)	
Kaunakakai, HI			96748
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cyrus D Y Siu			808 553 3125
MAILING ADDRESS (Street)			FAX
P O Box 408			808 553 3168
(City)	(State)	(Zip Code)	
Kaunakakai,			HI
			96748

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Naz Puan Atuli*

(Signature of Lobbyist)

*1/3/06*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Janice Kalanihulia	President

NAME OF ORGANIZATION (if applicable)

Molokai General Hospital

TELEPHONE

808 553 3122

MAILING ADDRESS (Street)

P O Box 408

FAX

828 553 3182

(City)

(State)

(Zip Code)

Kaunakakai, HI 96748

I hereby authorize the above - named person to engage in lobbying activities on behalf of the under signed.

*Janice Kalanihulia*

(Signature of Authorizing Officer or Person Represented)

*1/3/06*

(Date)